

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13428**
Registrar's No. **164**

BIRTH NO. _____ **REG. DIST. NO.** 43 **PRIMARY REG. DIST. NO.** 5143

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Route 5, Bacon Pasture</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamine</u> b. (Middle) <u>Lee</u> c. (Last) <u>Pillow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 31 - 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-4-1882</u>
9. AGE (In years last birthday) <u>71</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Madison County, Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Eppison</u>	
13b. MOTHER'S MAIDEN NAME <u>Elda Mae ?</u>		14. NAME OF HUSBAND OR WIFE <u>Egbert Pillow</u>	
15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Egbert Pillow - Rte 5, Poplar Bluff, Mo.</u>		18. ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I, <u>Shirley Annis</u> , <u>2 weeks</u> DUE TO (b) <u>Internal Hemorrhage</u> DUE TO (c) <u>Cause Undetermined</u> <u>Probably Gastric</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7845</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>28 Mar, 1953</u> , to <u>31 Mar, 1953</u> , that I last saw the deceased on <u>31 Mar, 1953</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Wm. E. Eppison M.D.</u>		23b. ADDRESS <u>321 Oak Poplar Bluff, Mo.</u>	
23c. DATE SIGNED <u>4-5-1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>4-5-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	
24d. LOCATION (City, town, or county) (State) <u>Route 5, Butler, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Smith</u>	
25. ADDRESS <u>1212 Mondst</u>		DATE REC'D BY LOCAL REG. <u>4-15-53</u>	
REGISTRAR'S SIGNATURE <u>R. H. Murrell</u>		26. (Licensed Embalmer's Statement on Reverse Side) <u>Seaton, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Fred J. Smith

Licensed Embalmer No. *4408*

P. O. Address *Sikeston, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.